



THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Scott A. Cluff et al.

Serial No.: 09/706,960

Filed: November 6, 2000

For: RECOVERING A SYSTEM THAT
HAS EXPERIENCED A FAULT

§ Group Art Unit: 2114

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Examiner: Gabriel L. Chu

Atty. Dkt. No.: MCT.0133US

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Technology Center 2100

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REPLY TO OFFICE ACTION DATED JULY 19, 2004

Dear Sir:

In response to the Office Action of July 19, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

Date of Deposit: September 30, 2004

I hereby certify under 37 CFR 1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313.

Ginger Yount
Ginger Yount

AMENDMENT TRANSMITTAL LETTER (Large Entity)Applicant(s): **Scott A. Cluff et al.**

Docket No.

MCT.0133US (MUEI-0548.00/US)Application No.
09/706,960Filing Date
11-06-2000Examiner
Gabriel L. ChuCustomer No.
21906Group Art Unit
2114Confirmation No.
8488Invention: **RECOVERING A SYSTEM THAT HAS EXPERIENCED A FAULT****RECEIVED****OCT 13 2004****COMMISSIONER FOR PATENTS:****Technology Center 2100**

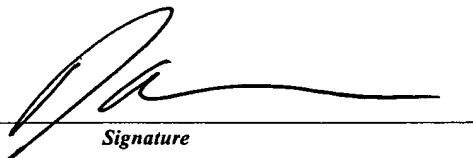
Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	29 -	29 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	4 -	5 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **20-1504 (MCT.0133)**
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.


SignatureDated: **September 30, 2004**

Dan C. Hu
Registration No. 40,025
TROP, PRUNER & HU, P.C.
8554 Katy Freeway, Suite 100
Houston, TX 77024
Telephone: (713) 468-8880, ext. 304
Facsimile: (713) 468-8883

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Signature of Person Mailing Correspondence**Ginger Yount**

Typed or Printed Name of Person Mailing Correspondence

CC: